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ABSTRACT

The purpose of the conference reported in this document was to improve and coordinate state-level efforts to ameliorate the crisis of adolescent pregnancy. The document includes summaries of addresses by Edgar May, vice-president of the American Public Welfare Association's board of directors; Ann Rosewater, staff director of the Select Committee of Children, Youth, and Families of the United States House of Representatives; and Stephen Heintz, commissioner of the Connecticut Department of Income Maintenance. May stresses the need for state action in combating the problem of teenage pregnancy, Rosewater examines teenage pregnancy issues from the federal perspective, and Heintz discusses adolescent pregnancy within the larger social context of poverty in the United States. Statements are included from two panels of speakers representing human services, health, education, and employment and training programs in different states: (1) Linda Reivitz (Wisconsin); (2) Suzanne Dandoy (Utah); (3) Jerry Evans (Idaho); (4) Sallie Soule (Vermont); (5) Robert Fulton (Oklahoma); (6) Bernard Turnock (Illinois); (7) Adna Thomas (West Virginia); and (8) Lorraine Aronson (Connecticut). Also included is a statement by Irving Harris, a spokesperson from private business who is also president of a fund for pregnancy prevention programs. Small group meetings were held to allow state teams to form strategies and these strategies are summarized in team reports from 15 states. Also included are an address by Robert Ivry speaking for the "New Chance" intervention program and conference chairperson Ruth Massinga's summary of opportunities for action. (NB)

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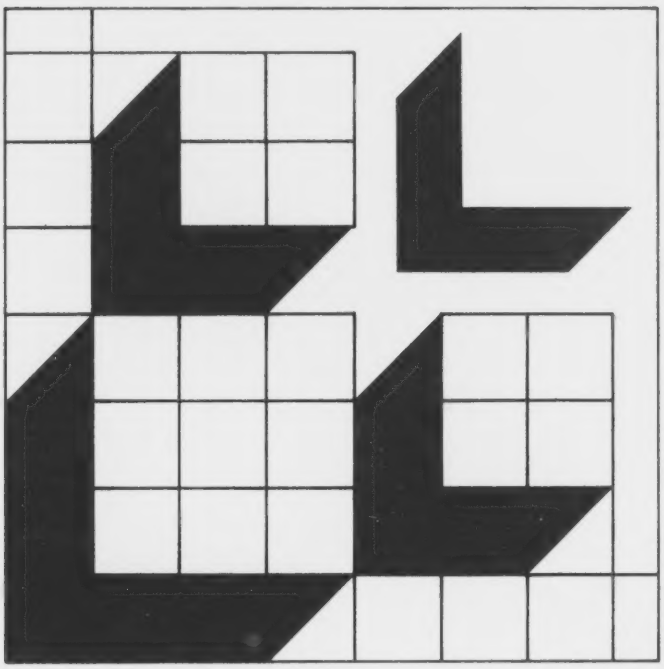
BLUEPRINT FOR ACTION:

DIALOGUES FROM WINGSPREAD II



Proceedings of the Second Conference on
Adolescent Pregnancy: State Action on Adolescent Pregnancy
sponsored by
The American Public Welfare Association
Association of State and Territorial Health Officers
Council of Chief State School Officers
Interstate Conference of Employment Security Agencies
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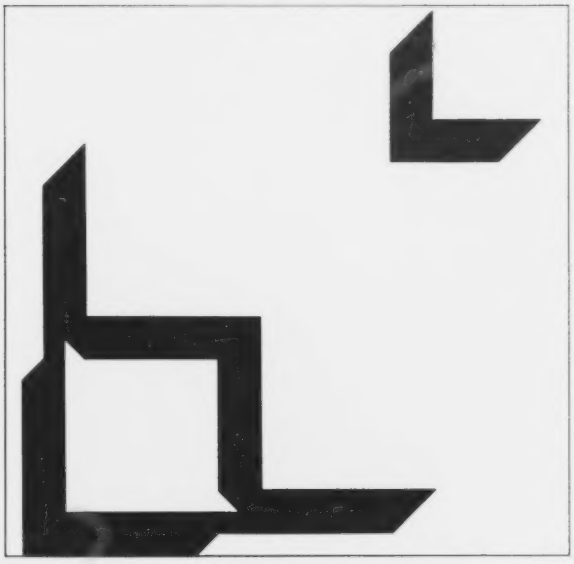
Hammer and nail, wood and saw, the job site rings with the work in progress. Laborers, blueprint in hand, step back to inspect their handiwork—aware of the work undone, yet envisioning the results. Theirs is an individual, but a collective task.

On August 10-12, 1986, seventy-five executive-level administrators representing human service, health, labor, and education departments in seventeen states convened at the Wingspread facility in Racine, Wisconsin to continue a work also in progress. Wingspread II—"State Action on Adolescent Pregnancy," is part of the continuing conversations aimed at improving and coordinating state-level efforts to thwart the crisis of adolescent pregnancy. State teams, comprised of each of the four disciplines, met together for three days to define the problems, pursue the opportunities, and build strategies for interagency coordination.

Each discipline represented knows of the slow and frustrating progress toward prevention and amelioration of teen pregnancy; each has a vision of preserving the family and moving pregnant and already parenting teens toward self-sufficiency. The mission of Wingspread II, as with Wingspread I, was not to offer pat answers, no "silver bullets," but to devise an interdisciplinary approach for a problem too large for any one state, any one agency, any one program. Through face-to-face discussions, the participants roughed out a blueprint for action.

As Frank Lloyd Wright, architect of the Wingspread facility, would attest, a work in progress may or may not follow the original design. The exact proportions of the task may change. There are many hard decisions still to be made. But at least one thing is certain. To effectively build upon the foundations already in place—the research, the demonstration projects, the program successes—a multiplicity of laborers is needed, each with particular expertise. Though different in skill, approach, and scope, each must build from a common blueprint. Theirs too is an individual, yet a collective task.

Laying a Foundation



"The most encouraging result of this conference has already been achieved. It's you, this audience. I'm highly encouraged that for the first time in my memory I see so many of the key players of state government banding together to tackle a profound and scary social dilemma."—Edgar May

COALITIONS OF DIVERSITY

The Honorable Edgar May, Vermont state senator and vice-president of the American Public Welfare Association's (APWA) Board of Directors, set the tone for Wingspread II in his opening remarks. Addressing the gathering of health commissioners, education officials, employment and training professionals, and social service leaders, May commissioned them as "the people who can make a difference. . . together." "We are here," he said, "because we're confronted by an unprecedented American crisis. A crisis in the American family and particularly that part of the American family, or more accurately the nonfamily, that we as public officials are responsible for. And, as usual, amid the crises of the human condition, too few people are listening and too few are doing something about it."

Referring to his earlier work, *The Wasted Americans*, for which he received a Pulitzer Prize, May dubbed the population of pregnant and parenting teens as the "new wasted Americans." Of them, he said, "They're a burgeoning tragedy more complex, more difficult, and more likely to remain a public burden than the bedraggled army who peopled my book a quarter of a century ago."

The proportions of the problems surrounding teen pregnancy are monumental, with more than half of the expenditures for aid to families with dependent children (AFDC), Medicaid, and food stamps paying for children having children or the aftermath—the continuing cycle of dependency. In Vermont, the most rural state in the nation, according to May, more than a third of all welfare families headed by women under age thirty are those who had children as teenagers. Rather than continuing the litany of data, May focused the debate on the importance of seeing the individual crisis involved—of "Gloria," a sixteen-year-old mother who previously had fourteen different home addresses in six years, or the youngest AFDC recipient in his state, an eleven-year-old also with a child. The crisis can be defined by the flesh and blood people who make up the case records and data that can be found in any state.

Where to begin? May emphasized that "the leadership role, the innovating role, the baton-carriers of yesteryear are no longer in view or on the horizon." He stressed that if the states don't tackle the issue, no one will. "In Washington, there is no longer the crucible of social change. That crucible now can only be and must be transferred to the states. The federal government, thrashing about in a sea of red ink that threatens not only its credibility but our whole economic future... isn't going to be the point man for significant social reform."

Rather than being discouraged by that reality, May welcomed the challenge before states to respond to the dilemma. States, he said, "have the capacity, the energy, the talent, the diversity to take the baton...and the diversity of this audience is a first step to proving that argument."

Second, May pointed out that there is no broad-based constituency for tackling the problem of adolescent pregnancy. In the wake of sophisticated, professional lobbying where the most powerful often overshadow the most needy, it is imperative that the states become the advocates for the children who have children. "The children who have children are hidden behind the dingy walls of the walk-ups and in the dim light of the trailers and shacks in our back country roads. There will be no Easter Seals, no posters with child and an extended belly in order to look for public sympathy. There are few if any advocates, and without us they may have none."

On marshalling public and legislative support, May offered a three-pronged approach. First is to be prepared to challenge and reject some failed social policy. States need to examine spending priorities, for example, the logic of spending $7 million for new metal guardrails for highways as opposed to allocating comparable amounts for children who are having children. Or, for example, spending only $200.00 a month for an average child in foster care versus the $40,000 annually required to maintain a young offender in a juvenile jail.

Second, states need to recruit some formidable allies. "We need the powerful and skillful voices of the private sector social agencies to help us." Rather that being distinct and separate, with distinct, separate languages and turf, states need to marshall well-funded, articulate, divergent forces—for example those in the abortion debate—to talk to each other and join in the effort to rescue our children.

Third, a vast community of volunteers is needed to make the "community of caring" a reality. States need to draw upon the generosity, talent, and support of community resources—to channel and direct their energies.

Finally, May believes there is hope in the legislatures. Speaking from his experience as chair of the Senate Appropriations Committee for the state of Vermont, May said, "I believe that the continuing stress the federal budget cuts have placed on appropriations committees has brought the need for clearer thinking, the need for sorting out priorities, and I think we're doing that." Although, he warned, prevention dollars are early victims, more and more discussions are focusing on cost-benefit ratios—what are we buying, what are we getting, how do

we know? The annual cost of housing sixteen-year-old "Gloria" and her baby is $7,344.00. If you multiply that over a possible decade or two of dependency, the numbers are overwhelming. "That's compelling testimony."

In closing, May stressed that the executive branch and the legislative branch must be willing to experiment, to test, and fail if necessary. It is necessary that "the story must go back to the beginning if it's going to be believed and effective. Our beginning here is our first achievement, our coming together. For the first time, joining that diversity of leadership and talents so essential to addressing a watershed issue."

If that same diversity is not translated to each state and community represented, states will have achieved nothing more than a false start. The same coalitions of diversity, augmented by the skilled community voices who can help, must be built at home.

A Centralized Agenda

"The real need is to provide a centralized agenda, to program together, to budget together."

Ann Rosewater, staff director of the Select Committee of Children, Youth, and Families of the U.S. House of Representatives, presented an overview of teen pregnancy issues from the federal perspective. Summarizing a select committee survey of governors to determine what efforts the states were making to deal with teen pregnancy and parenting, Rosewater stated:

- There is a lack of public understanding about the size and scope of the problem and, in fact, the states themselves do not exactly know the size and scope.
- The community is largely ambivalent toward the issues surrounding adolescent pregnancy.
- Where programs do exist, there is a lack of support services to improve clients' access to them.
- Agency rivalries and incompatible procedures stand in the way of creating effective ways to address the problem.
- The youthfulness, immaturity, and limited resources of clients are barriers to effective programs.

- In light of declining federal funds, states often have unstable funding sources.
- There is a lack of coordination among existing services and, in some instances, insufficient or nonexistent services to coordinate.

The sum of the committee's findings was that current efforts to turn the tide of adolescent pregnancy were "too few, too late, uncoordinated, and lacking sufficient resources." Nevertheless, Rosewater sees both an opportunity and a challenge for states and expressed that, "together, you have a chance, a real chance."

The role of state leaders is really twofold: to help families function and to ensure the economic productivity of the states. Families that cannot function will not add to the economic productivity of the state. Agencies must realize that everyone is trying to achieve the same goals: giving kids competence in a range of ways that will improve their health, train them for self-sufficiency, and enable them to become productive adults.

Those groups not ordinarily seen as program participants—parents, churches, community-based organizations, the private sector, foundations, corporations—need to be pulled into the discussions. The private sector, in particular, has something to gain from increased economic productivity and, for that reason, have a reason to contribute.

For teenagers, the kinds of intervention states can provide comes at the most vulnerable time in their lives. They need recreation, after-school activities, adult supervision, things that fill the void that they're crying about. Rosewater contends, "the lack of those things—the lack of time for parent and child interaction, the lack of someone rooting for them—means they're saying to themselves, 'I need somebody for me. I need somebody to love me.' "

At the local level, some of the most promising interventions come in the form of school-based comprehensive service centers. While no panacea, they follow some of the principles identified as critical to teen pregnancy prevention and amelioration: they serve young people where they are; they make a range of services available; they deal with young men as well as young women.

One ray of hope—Congress is addressing the issue of adolescent pregnancy in a bipartisan fashion and beginning to own up to the importance of prevention as well. It's asking the same questions—what are we buying and for whom, what are we getting, is it saving us money? It is important both to reject failed policy and accept successful, proven, cost-effective programs that do exist. The leadership efforts and promis-

ing interventions coming forth from the states are to be applauded.

In conclusion, Rosewater reasoned that an integrated approach to the problems of adolescent pregnancy and parenting makes such common sense because the problems are clearly interrelated. "Children don't divide up their fears and their needs. Some of the hurdles involve talking to people you may often not want to talk to or who may not agree with you. We must forge more consensus, find more common ground, and gain the support and encouragement of many whom all of us would have seen as skeptics. We no longer have the luxury of being isolationists."

A Larger View

"There can be no more important task than a major nationwide investment in the well-being of poor children and the strength and self-sufficiency of their families."

Stephen Heintz, commissioner of the Connecticut Department of Income Maintenance, framed the discussion of adolescent pregnancy within the larger social context of poverty in this country. "Even in a period of economic growth and sort of a renaissance of the American spirit and of feeling good about our country and all those things that we have to be proud of, we also have this continuing nightmare, this American tragedy of poverty."

The statistics of children in poverty are sobering: one child out of every four is born into poverty; among blacks, the rate doubles; for Hispanics, the population is almost as high. The problems these children face are acute, and the numbers are growing. A major contributor to that growth rate is children having children.

For administrators of human services programs, the implications of poverty in this country are frustrating and complex. Too often, those in the greatest position to influence change have taken a defensive posture about poverty and about the welfare system they are responsible for administering.

Administrators, who are uniquely situated both to hear the public cynicism about welfare and to experience firsthand the flaws and successes on a day-to-day basis, however, are expressly qualified to lead the debate about the future of public welfare and take positive action to affect change.

With that focus, the American Public Welfare Association (APWA) determined to reexamine the whole welfare system and frame very specific proposals to significantly reduce the number of children in poverty. A geographically and politically diverse committee of human service commissioners formed the steering committee for the welfare reform project, "Matter of Commitment." Throughout the project, commissioners and staff met with members of Congress and that dialogue, and the resulting coalitions, continue today. The first conversations resulted in the reform policy statement, *Investing in Poor Children and Their Families*, which targets five major policy areas: income security, education and employment, teen pregnancy, child and spousal abuse, and access to health care. A subset to those issues are concerns about housing, federal tax policy, state fiscal capacity, and service delivery.

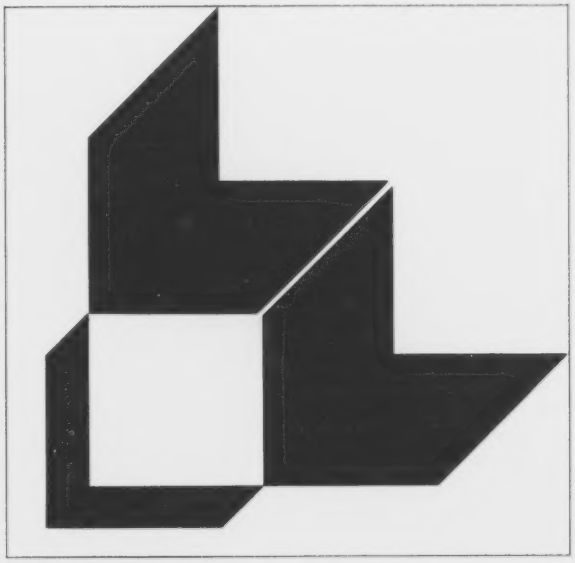
"Society has a responsibility to help the poor, but we also know that individuals, to the extent they are able, should take control of their own lives and improve their condition and that of their children," said Heintz. For the individual, this means deciding not to have children until they can be nurtured in a healthy family environment, staying in school, finding and keeping a job. As a society, it means investing in needed child care and rational employment practices that enhance, not restrict, our abilities to parent our children. With 70 percent of the mothers in this country with school-aged children now working, and with millions of single-parent households, society is not well equipped for supporting their efforts to work through day care, medical benefits, changes in work practices and work hours. Social programs simply have not kept pace with societal changes of the last fifty years.

The work on income security and teen pregnancy is the cornerstone of the entire effort. Although traditional views of 'family' have now changed, the family remains the primary building block of society. The policies that evolve from this process will be designed to strengthen the functions of families, including physical safety, economic security, health and personal development.

An early conclusion of the project was that these are not issues that can be resolved independently. Rather, said Heintz, "it is

going to take the concerted efforts of our colleagues in education, in health, and in employment services to really make the kind of impact on teenage pregnancy that we all think is essential to this broader picture of helping to reduce poverty among children." This ongoing dialogue—thinking about how to link these vital areas—needs to continue, not only to help reduce teenage pregnancy and children having children, but to, "help build the kind of society that we all firmly believe in and hope to have."

Raising the Framework



"Clearly, new and innovative and collaborative solutions are necessary. . . ."
—Bernard Turnock

The foundation in place, conference participants began rolling up their sleeves to raise the framework. Interdisciplinary panels and state teams set to work during sessions on "Defining Problems—Pursuing Solutions" and "Interagency Coordination—Problems and Opportunities." State teams hammered out agendas for action. Each profession shared an individual perspective of adolescent pregnancy and what answers it has found.

Defining the Problem—Pursuing Solutions

Gary Crossley, labor market information and research associate for the Interstate Conference of Employment Security Agencies, moderated a panel of four speakers representing human services, health, education, and employment and training programs in different states.

- **Human Services—Wisconsin**

"One of the things we've found is that the coordination concept works."

Recently, Milwaukee, Wisconsin was singled-out as having the worst teen pregnancy problem in the country. That shocking realization has resulted in increased press attention and statewide strategies aimed at "doing something" to deal with the problem.

A study revealed that in Wisconsin, about 7,000 teen mothers are receiving Aid to Families with Dependent Children (AFDC); that compared to single mothers who gave birth beyond age twenty, single teen mothers had more children, were more likely to be a minority, were married less often, were twice more likely to receive AFDC, were more likely to get food stamps, less likely to get child support, and made on average about $2,000 less per year if in fact they were working.

Funds to confront the issue—not directly available from the legislature—were pooled from several sources. Monies were obtained from the federal social service block grant, the maternal and child health block grant, and work incentive (WIN) demonstration funds. An additional $1 million for teen pregnancy projects came from a state initiative called Pregnancy Options, and $700,000 was obtained for pregnancy prevention.

The approach is threefold: 1) pregnancy prevention—reducing the incidence of unintended pregnancies and early education about pregnancy, health, and reproduction; 2) pregnancy intervention—increasing pregnancy options and crisis support and reducing complications of pregnancy, the incidence of low-birthweight babies, and infant mortality; and 3) teen parent and infant intervention—providing parenting skills, obtaining high school credentials, decreasing dependency, getting public assistance, and improving child and infant development.

Early results of these efforts show the following:

- Programs must focus on young men as well as young women. More attention is needed here.
- The preferred setting for pregnancy prevention programs is in the schools, preferably middle schools. Although one of the hardest to negotiate, school-based programs are successful, and parent involvement and support, while difficult to obtain, is crucial.
- There must be different approaches for different target groups—you can't talk to an eight-year-old about job skills, for example.
- Teenagers as peer facilitators are very successful.
- The coordination concept works—there are a greater number of joint efforts, more referrals among agencies and, in general, increased community awareness.
- The goals, priorities, and strategies of programs for economic self-sufficiency and pregnancy prevention are quite similar. In one school district, in which there is a self-sufficiency project, the dropout rate for teen parents has been cut from 48 percent to 0 percent.
- The most reliable indicator of teen pregnancy is being poor. One of the best ways to deal with that is aggressive child support efforts.

Future initiatives will concentrate on these same areas with more attention to geographically identifying and targeting high-risk areas. One program idea is to offer

high-risk teens $500 college scholarships for every year of high school completed without parenting, either by not getting pregnant or opting to give up their children for adoption.

Linda Reivitz, Secretary of the Wisconsin Department of Health and Social Services.

- **Health—Utah**

"Not only does teenage pregnancy have an impact on the mother—who may have complicating maternal problems—and effects on the child—who may be born with a less than satisfactory start in life or may actually die as a result of being born to a teen mother—but it has impacts on the health care delivery system."

The health care field has some specific concerns about the problem of adolescent pregnancy. Statistics point out that pregnant teens experience a number of medical problems that may either be directly related to the pregnancy or specific to the lifestyles of young women, including:

- a higher incidence of severe complications of pregnancy such as preeclampsia, anemia, difficulty with delivery, abnormal bleeding, preterm delivery, and prolonged labor;
- a much higher rate of low-birth-weight babies (about one in ten or double those in the 20–25 year age group), particularly among those without proper prenatal care;
- a higher incidence of congenital malformations among babies;
- a higher rate of infant deaths in the first year of life, particularly for babies born to mothers age 17 and younger (nearly double for the 25–35 age group);
- the highest ratio of induced abortions per thousand births (one in five);
- a six to seven times higher rate of out-of-wedlock births than women in their twenties;
- frequent evidence of venereal disease, smoking, and alcohol and drug abuse, which contributes to low birth weight, debilitating or threatening infections, respiratory disease, and other medical problems.

Utah's approach is to separate teen pregnancy populations into two groups: those age 17 and under and those 18 and 19 years old. In the latter age group, the women predominately are married, largely because early marriage and early pregnancy are encouraged in Utah's culture. School-based programs or family planning services offered through the state health

department are an absolute impossibility due to cultural constraints; therefore, efforts are geared to take care of women after they become pregnant.

A high-risk maternal and infant health clinic, funded through the maternal and child health block grant, reaches a considerable number of teenagers and other high-risk women. Broad-based, comprehensive prenatal care is the main priority this year. The health department will be asking the legislature to increase the cigarette tax and target that money for prenatal care programs, based on the fact of harmful effects of smoking to infants born to mothers who smoke. Finally, in local rural health departments, programs aimed at parental education about the problems of teenage pregnancy will be funded with a view toward getting communities to coordinate resources to deal with the needs.

Suzanne Dandoy, M.D., Executive Director of the Utah Department of Health.

- **Education—Idaho**

"We have an opportunity for interagency agreements and cooperative arrangements, and we work very hard to see that when a student enters the system, whether it is health, welfare, employment, or education, that they're not just simply shuttled off to say, 'Well, we only deal with this part, you have to go and talk to someone else.' "

With a population of just over one million, Idaho has very few private and parochial schools. A very strong concept of local control exists throughout the 115 school districts, although a provision in the Idaho code gives authority to generally control and supervise public schools to the state superintendent and board of education.

Efforts to confront the problems of adolescent pregnancy are limited, hampered by a variety of factors including:

- a rigidly controlled process for school districts that want to initiate a program of sex education in the school involving parent notification and public hearings;
- stringent class attendance requirements that dictate 90% attendance before course credit can be given;
- limited school counseling staff who, in many instances, pro-

vide only aptitude testing and help with college applications;
- a depressed economy that results in regional rivalries and the tieing of loyalties and interests to other states;
- competing agendas of special interest groups that want the schools to address their "pet concerns," such as a group wanting more safety information about off-road vehicles or fish and game management;
- little opportunity for schools to be involved in child care, employment opportunities, and other support services due to inadequate funds and program design.

Despite a bleak appraisal, Idaho's best resource is the smallness of the state and school districts. People are fairly well acquainted; they know the people in their communities and who to work with in health, welfare, and employment. There is a close, personal working relationship that, in many cases, helps to at least serve the educational interests and needs of young people.

Jerry Evans, State Superintendent of Public Instruction at the Idaho Department of Education.

• Employment and Training—Vermont

"What we're trying to do is to present options and choices for the future to these young people through working together with other groups in our state."

How do adolescent pregnancy issues impact upon today's work force? While statistical information in this area is scant, the numbers do show that among 16- and 17-year-old females who are not in school, unemployment is nearly 40 percent. Pragmatically, it means that there is going to be a group of untrained females coming into the work force at a time when sophisticated industries are calling for well-trained, highly skilled employees. The greatest number of new entrants into the work force in the next 15 to 20 years is going to be women. For parenting teens there will be a steep price tag for retraining and the requisite child care. For these reasons, employment and training programs across the nation need to be in the forefront of the creating policies and programs to respond to this crisis.

On a national level, the Department of Labor is putting great emphasis on literacy training and meaningful summer jobs programs. In Vermont, the summer youth program includes a literacy component, a joint effort with the state Department of Education.

State employment and training programs are working closely with vocational education centers, stressing that training for young people be in areas that realistically reflect the job market. A conference to address the dropout problem was held in conjunction with the state Agency of Human Services, and the Department of Education will be playing a leading role as the conference reconvenes this year. "Reach Up," a welfare to work program similar to those established in California and Massachusetts, began this fiscal year. An innovative program that provides entrepreneurial training for young rural women is being tried as the state tries different strategies to reach different populations.

There are many approaches to deal with the problem, but it is necessary that the different disciplines work together and stress cooperation, rather than turf issues. The question is how to deal with the various issues that are a part of the adolescent pregnancy problem and show young boys and girls at the high school or elementary school level that there are worthy things to be doing—that it's worthy to stay in school and make decisions for their future.

Sallie Soule, commissioner of the Vermont Department of Employment and Training.

Interagency Coordination—Problems and Opportunities

Cindy Brown, director of the Resource Center on Educational Equity of the Council of Chief State School Officers, moderated a second panel comprised of authorities from each discipline. A spokesperson from private business who has funded pregnancy prevention programs also joined the panel in calling for coordination among agencies to effectively address the problem of teen pregnancy and parenting.

- **Human Services—Oklahoma**

"We have complications learning who you should be talking to in all the other agencies that have some relationship to the adolescent pregnancy problems and on service responses to those problems."

A strong populist tradition and mistrust of centralized authority have led to a complex governmental structure in Oklahoma that makes interagency coordination difficult. Over 200 boards and commissions, most appointed by the governor, oversee various state agencies. For example, vocational tech is a department separate from higher education, which is separate from elementary and secondary public school education. Despite this network of departments, Oklahoma has negotiated several cooperative arrangements between agencies.

The Department of Health has transferred 30 percent of the

maternal and child health grant to the human services department to use for families with needs beyond the scope of Medicaid. Reciprocally, human services has contracted with the mental health and health departments for clinic services using Medicaid funds. This arrangement assures that prenatal service and follow-up care for infants is available for low-income mothers, particularly teen mothers.

In employment, a waiver of the federal age of child requirement allows Oklahoma to require work or training of mothers receiving aid to families with dependent children, regardless of the age of the child. As a result, job placements over the last two years totaled about 7,000 per year, one-fourth of the caseload. For mothers with very young children, child care is paid for when available; otherwise staff will not sanction a mother for failure to comply. Teenagers who drop out of school to give birth are given a choice of returning to school or preparing for a general equivalency diploma.

The Employment Security Commission has agreed to test any enrollees for job placement without cost to human services. Similar agreements exist with job training service delivery areas (SDAs) which take as many as one out of every four clients from the welfare caseload.

There is a concerted effort to stimulate and encourage action. Recently, a "Let's Talk" conference brought together key human service agency managers, Job Training and Partnership administrators, and top vocational and technical training personnel all over the state to foster cooperative agreement among departments. More imagination is needed, particularly on the local level, to cut the red tape and put the client first.

Robert Fulton, Director of the Oklahoma Department of Human Services.

- **Health—Illinois**

"Individuals have highly individualized and multidimensional needs, and the kinds of systems that we deal with often compartmentalize and fragment the services and provide them in a very discontinuous manner."

Professionalism and turfism are two barriers to interagency coordination. The health profession is particularly guilty of "medicalizing" the issues of teen pregnancy and designing interventions around its own definitions. Statistics—"people with the tears washed off"—make it easy for us to deal with the problems and forget that we are dealing with people. That

attitude needs to be overcome if we intend to tackle problems that are multidimensional, such as teenage pregnancy.

Although statistically teen pregnancy reached its peak in the 1970s and has since leveled off, the total overall economic costs related to teenage pregnancy in Illinois is estimated at over $850 million annually. Clearly, new and innovative collaborative solutions are necessary both in Illinois and elsewhere. A process that began in Illinois in 1980 points up the wide variety of participants necessary to successfully address the problem:

- In 1980, a coalition of women legislators, research and demonstration professionals, and women's health groups introduced legislation pertaining to teen pregnancy that was subsequently not passed.
- A statewide task force on adolescent parent support services, comprised of eight state agencies, local professionals and teens, met for 18 months to explore policy and service strategies.
- In 1982, the task force released a comprehensive plan that laid out a framework for interagency cooperation.
- Interagency collaboration within specific programs increased, and funding pools for adolescent services were established.
- Federal job bills funds became available in 1983 through the social services block grant, and funds were set aside for statewide teenage pregnancy prevention and adolescent parent support services programs—involving ten state agencies and numerous community agencies.
- The "Parents Too Soon" program, providing program options for pregnant and parenting teens, was expanded. The departments of public aid, children and family services, and public health were designated co-lead agencies with the program director reporting to the directors of all three agencies.
- Programming initiatives developed within each of the three major agencies: "1 Church, 1 Child," seeking adoptive parents from each congregation; "Project Chance," a work program; and a health department proposal to reduce infant mortality.
- $2 million was added to the "Parents Too Soon" program to expand critical program elements, such as the addition of three more school-based clinics.

These building blocks have been lifted into place by strong leadership from the governor and a real

commitment from agency directors to collaborate and combine efforts.

Bernard J. Turnock, M.D., Director of the Illinois Department of Public Health.

- **Employment—West Virginia**

"We simply want to coordinate and pull together the resources that are within the agencies of the state to attract and attack the high percentage of unemployment in this target group."

West Virginia has a much higher unemployment rate than the national average. A disproportionate amount are teenagers age 16 to 20. In recognition of this, and the desire to reach high school dropouts, a statewide youth employment service program was designed in coordination with sister agencies in the human services, education, health, and vocational rehabilitation.

Though not specifically created in response to the problem of teenage pregnancy, a careful assessment will take the participants of this project and help them develop an employability plan so that they can design the years and future ahead of them and achieve employability status.

One-fifth of all births in West Virginia are to teens, yet only one-third are born out of wedlock. Agencies, therefore, concentrate on programs to support and strengthen the family. It is important to make every effort to help these young people stay together, and local linkages can be developed with various community action programs, churches, helping organizations, and statewide agencies to accomplish this.

Adna Thomas, Commissioner of the West Virginia Department of Employment Security.

- **Education—Connecticut**

"One of the beauties of interagency coordination is there are some ways to lessen opposition. . . no one agency can stand to be out front and take the political heat on this one."

One of the great debates raging is what the parameters of school responsibilities should be. Schools must deal with a wide range of issues—from poverty to health care to after-school care—and for that reason it is an advantage to participate in agency coalitions for provision of services.

Despite the attractiveness of using schools as the coordination site for services for pregnant and

parenting teens, there is not widespread support among parents for this. The statewide Connecticut Adolescent Pregnancy Council recommended that all schools be required to offer comprehensive services in the school setting, however, no schools responded favorably to the proposal and many would not allow it. This is where collaboration among other agencies pays off—no one agency must politically take the "heat."

The public is often controlled by the politics surrounding teen pregnancy issues. Public education campaigns delivered by advocates will help garner support. Administrators need the further support of the governor and general assembly to make known the need for services.

Interagency cooperation in Connecticut is encouraged through requiring communities to submit joint budget proposals. For example, state human services agencies are planning to provide services to handicapped infants and toddlers. Strategies to deal with the problems will be successful to the extent agencies are organized and present an integrated picture.

Lorraine Aronson, Deputy Commissioner of the Department of Education in Connecticut.

• Public and Private Partnerships—Illinois

"We who are interested in trying to achieve more prevention include corporations and foundations, as well as state, local, and federal bureaucracies—we perceive these opportunities for prevention and realize that together we can achieve a lot more than trying to do it singly."

The Ounce of Prevention Fund in Illinois is a public-private partnership between private business and the state Department of Children and Family Services that originated in 1982. What began five years ago as a $400,00 investment matched by state funds has now expanded to include multiyear grants from more than ten foundations and corporations and three agencies of the federal Department of Health and Human Services. The budget has grown from the initial $800,000 to $7.6 million.

The project started as an attempt to find a way to prevent child abuse and neglect, the incidence of which was costing the state $230 million a year. A request for $25,000 to set up a drop-in center for parents of young children was turned into a challenge to set up six sites throughout the state. The sites were well received by the target communities, which encouraged increased funding, both private and public, to cope with

the crisis of teen births. There are approximately 24,000 births to teenagers each year in Illinois, costing individuals and businesses about $853 million. Corporations have an interest in trying to prevent some of the costly outcomes of child abuse, prison, teenage pregnancy, dropouts, infant mortality, functional illiteracy, and related problems.

Much can be said for the public-private partnership concept:

- Foundation funds create flexibility in programming not available through the state.
- Experimental programs, not dependent upon legislative approval, can be implemented quickly.
- Programs do not have to wait for state annual funding cycles to obtain funds.
- Private funds cut across bureaucratic lines to establish meaningful relationships among leaders in business, foundations, and state agencies.
- Constituencies such as churches; school systems; and local human service, health, and employment and training agencies work together to avoid a fragmented approach to services.

Private funds for social policy initiatives will never be enough, however. The government must be brought in at the very beginning so that successful programs don't die on the vine because there's no tax money to carry them on.

Irving Harris, President of the Ounce of Prevention Fund and Chairman of the Excel Committee of Pittway Corporation.

STATE TEAMS

A vital part of the conference was small group meetings that allowed state teams to form specific strategies. Team reports summarized each state's "blueprint for action."

Alaska

- Articulate to the legislature the need to become more aggressive on adolescent pregnancy issues.
- Create an interdepartmental policy development commission.
- Coordinate joint funding requests and propose a legislative package for community grants.
- Continue support for the existing state project.
- Organize a second statewide conference on adolescent pregnancy.

California

- Focus primarily on prevention to counteract messages young people are getting from the media that promote sexual activity.
- Develop a self-esteem campaign to coincide with "Friday Night Live," a weekly teen event that uses rock music in an attempt to prevent substance abuse.
- Offer teens a $500 grant for completing high school.
- Expand current welfare-to-work program to include teen parents.

Connecticut

- Meet with concerned groups to identify important initiatives.
- Submit a package of funding options developed in response to legislative task force recommendations.
- Focus on three sub-populations: 10 to 15 year olds; 16 to 18 year olds, who are work incentive program recipients but out of work; and teen mothers, in an effort to prevent a second child.

Idaho

- Convene an interdepartmental task force in order to determine the scope of adolescent pregnancy in the state.
- Challenge the task force to develop strategies that depend on integrated services and interdepartmental cooperation.
- Adapt survey instruments from other states in order to collect data.

Illinois

- Increase efforts to evaluate existing programs to determine what does and does not work.
- Focus more attention on younger groups—seventh and eighth graders and elementary students.
- Include the directors of Mental Health and the Board of Education in quarterly meetings.
- Add more school-based clinics.

- Develop a campaign to reach Hispanic teens.
- Hold a national conference to stimulate and challenge other states.

Maryland

- Continue initiatives of the state report, "Interagency Plan for Children with Special Needs," which, in part, details special needs of pregnant and parenting teens.
- Identify and reach high-risk adolescent parents with adequate medical care and referral to appropriate services.
- Begin work on four family support centers already designated and the two more in the request for proposal stage.
- Create a Governor's Council on Adolescent Pregnancy.
- Continue interdisciplinary team meetings.

Massachusetts

- Work through existing programs and an interagency group, under the Governor's direction, to coordinate statewide strategies.
- Foster increased cooperation at a central level.

Michigan

- Monitor task force recommendations for progress in existing services.
- Continue community planning efforts in 25 designated areas that use private groups, churches, public health agencies, teens, and parents to fill gaps in services to pregnant or parenting teens.
- Continue "youth opportunity accounts" that award education vouchers or cash for staying in school.
- Focus on those programs that bring a high return on investment for long-term welfare clients by working with the "demand side" of the employment problem—the business community.

New Mexico

- Continue to work through the Bureau of Indian Affairs and tribal councils to reach Native American teens.
- Educate young men about the responsibilities of fatherhood, especially the financial costs, focusing on the state's ability to garnish wages and intercept income tax refunds.
- Expand Medicaid benefits and use the early periodic screening and diagnostic treatment program more effectively.
- Develop more health clinics that are responsive to teens who are pregnant.

Oklahoma

- Impose child support court orders as early as possible to

require young fathers to accept work and possibly sanction those who are not working.
- Organize local, regional, and state-level groups on teenage pregnancy and encourage and assist civic and religious groups that already have an active interest.
- Promote after-school programs, expand availability of prenatal clinics, and pursue day care in the public schools.

Texas
- Organize an interagency council on teen pregnancy that would include the youth commissioner, health and human services coordinating councils, mental health/mental retardation officials, child support enforcement administrators, and the probation commissioner.
- Charge the commission to issue a report by fall 1987 and develop a directory of services.
- Develop a call to action based on existing data.

Utah
- Commit a staff person from each agency to develop a working paper within one month to be presented to the governor.
- Recommend the appointment of a 20-member blue ribbon committee to determine the scope of the problem, identify existing resources and costs, assess what programs are effective, and develop funding for new strategies.
- Report the committee's findings to legislative committees.

Vermont
- Use the teen pregnancy rate, second pregnancy rate, and percentage of low-birth-weight babies as benchmarks to determine the success of new initiatives.
- Develop performance contracts with local agencies to hold local, state, private, and not-for-profit agencies accountable for positive outcomes for teens.
- Implement experimental programs in counties that have a high teen pregnancy rate.
- Encourage cross-training in agencies to promote interagency cooperation.
- Work to improve the attitudes of school personnel toward teen mothers and fathers.

West Virginia
- Provide full physical exams to special needs children prior to kindergarten with follow-up after sixth grade.
- Set up health and social services sites to meet the total needs of high-risk youth.
- Establish a formal interagency coordinating council with the governor's support.

- Use case managers to coordinate services for the child and family and provide personal contact.

Wisconsin

- Compile detailed descriptions of programs that work.
- Develop and request budget initiatives to facilitate discussions among agencies.
- Define principles under which agencies would cooperate and communicate those directives to lower-level staff to avoid turf battles.

NEW CHANCE

In 1979, the Ford Foundation and the Department of Labor's work incentive (WIN) office funded "Project Redirection," a demonstration project to help pregnant and parenting teens from poverty backgrounds enhance their chances of becoming self-sufficient. The project, managed by the Manpower Demonstration Research Corporation (MDRC), targeted 14 to 17 year olds on welfare or eligible for welfare who had not completed high school or an equivalency degree. Through comprehensive services that included health, education, employment, family planning, parenting, and other life management skills, Redirection was a collaborative effort that used a brokering model to carry out its goals. A key component was the community woman concept—the use of volunteers to serve as friends, tutors, and role models.

Early results of research, aimed at assessing the long-term program affects on teens, looked encouraging. Based on early successes, the project expanded from three sites across the country to a total of eleven sites.

At 24-months following program entry, however, most of the positive impacts seen at 12 months disappeared. Redirection teenagers were no better off than teens in the comparison group of teenagers not receiving Redirection intervention—there was no difference in terms of educational attainment, employment, or subsequent pregnancies.

Although disturbed by the findings, MDRC decided to take a fresh look and see if there were alternative approaches that could be more effective than Redirection. Through a consortium of public and private funding sources, MDRC is now developing a bolder, more comprehensive and intensive intervention entitled "New Chance." The goals are similar to those of Redirection: increase participants' employment and earnings; decrease reliance on public assistance; increase education; reduce subsequent pregnancies; and improve family functioning.

New Chance is in its developmental stage. Model designers are reviewing the literature and conferring with the experts in the field—policy makers, researchers, program operators—asking their advice on the best way to address the problem.

Frank Furstenberg's 17-year follow-up study of 300 adolescent mothers and their children in Baltimore is being given careful attention. His findings refute the myth of lifetime failure for this group; rather, half of the original 300 now have incomes over $15,000, and one-quarter have incomes above $25,000. David Elwood's study of the dynamics of welfare dependency shows those at

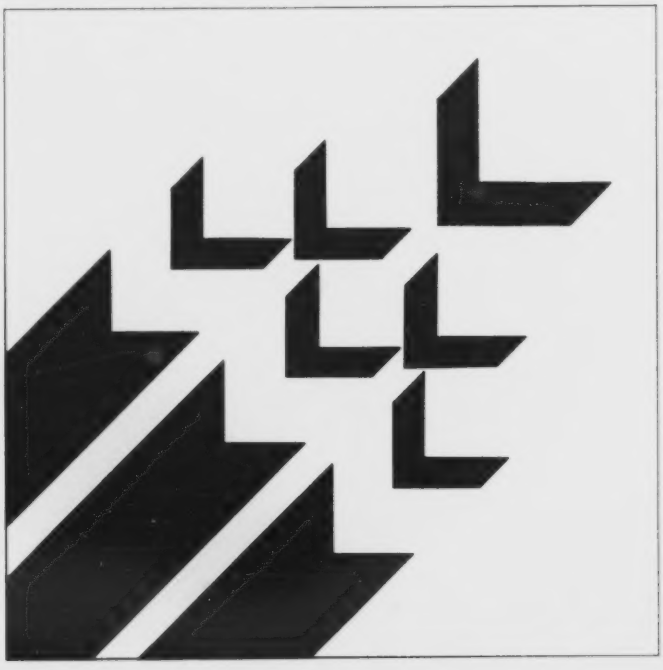
greatest risk for long-term dependence on welfare are young, never-married women who apply for aid to families with dependent children before the child is three years old. The two most reliable predictors of a woman's ability to escape welfare are her educational level and whether or not she worked prior to receiving welfare.

In response to what is now known, New Chance will incorporate the following strategies:

- target AFDC women between the ages of 17 and 21 who have at least one child and who do not have a high school diploma or equivalency degree;
- focus on job training and work experience;
- emphasize education, not in the traditional school or GED program, but through alternative curricula that use individualized lesson plans and computer-assisted instruction;
- stress family planing, contraceptive techniques, and responsible sexual behavior;
- build in child care and development services in response to studies showing that children of early childbearers do substantially worse academically, emotionally, and socially than the children whose mothers delay their first child until after age 20;
- continue the community woman concept and case management approach;
- structure a program schedule that will have four intensive days and allow one day free for teen mothers to deal with individual responsibilities such as interviews, clinic visits, and outside agency assistance;
- employ incentives to motivate teens to stay with the program such as guaranteed job placements, financial credits to bridge health coverage, and teen father involvement.

Robert Ivry, Vice-president of the Manpower Demonstration Research Corporation.

BUILDING FOR THE FUTURE



"Our beginning here is our first achievement, our coming together. But it's going to be a false start if we can't bring this diversity of leadership back to our states and particularly into each community. It will be a false start if we can't build these coalitions of diversity at home."—Edgar May

The foundation laid, the framework in place, Wingspread II participants turned their attention to building for the future. In a final open session, colleagues from the diverse areas represented exchanged ideas and recommendations—brick and mortar approaches involving diversity, coordination, and cooperation. Conference chair Ruth Massinga, secretary of the Maryland Department of Human Resources, summarized opportunities for action:

- Completing the conference evaluation asking for specific feedback on what dialogues still need to take place, how the sponsoring organizations in each state can be more responsive, what materials mentioned at this conference would be helpful;
- Putting together a funding package so that the 26 state teams on the waiting list can take part in a similar conference;
- Developing a common set of indicators with regard to adolescent pregnancy, perhaps coordinated through the Department of Labor Statistics, Center for Health Statistics, or the Center for Education Statistics;
- Planning a follow-up conference to talk about interagency issues and encouraging representatives of the various disciplines to address their concerns at one another's national meetings;
- Compiling summaries of the package of programs available in each state, coordinated through the central offices of each state;
- Analyzing those states that have a very activist posture on sex education in the schools, availability of contraceptives and abortions, etc. to see how that relates to the overall pregnancy rate, and research on differences in Western European attitudes and American culture regarding sexuality;
- Confronting the whole issue of parental responsibility, parental education, and sexuality;
- Working to ensure that federal funds to states remain as flexible as possible in their use;
- Condensing the two-volume National Academy of Sciences project recommendations into a workable size and format.

Conference Participants

Sheryl Adlin
Acting Governor's Advisor on
Women's Issues
State of Massachusetts
State House
Boston, Massachusetts 02133

Darby Anderson
Administrator
Office of School Curriculum
Improvement
Department of Education
State of Alaska
Post Office Box F
Juneau, Alaska 99811

Lorraine M. Aronson
Deputy Commissioner of Education
Connecticut Department of Education
Post Office Box 2219
Hartford, Connecticut 06145

Floyd G. Astin
Administrator
Utah Department of Employment
Security
174 Social Hall Avenue
Salt Lake City, Utah 84147

Kathleen Atkinson
Director of Student, Community and
Adult Services
Massachusetts Department of Education
1385 Hancock Street
Quincy, Massachusetts 02169

Pamelia S. Barry
Director of Youth Program
Employment and Training Program
Massachusetts Department of Public
Welfare
600 Washington Street
Boston, Massachusetts 02111

Mary Beer
Consultant
Idaho Commission for Children and
Youth
Office of the Governor
State House
Boise, Idaho 83720

Victoria Bergin
Deputy Commissioner for Curriculum
and Program Development
Texas Education Agency
1701 North Congress Avenue
Austin, Texas 78701-1494

Karen Bonner
Policy Associate
American Public Welfare Association
1125 15th Street, N.W.
Washington, D.C. 20005

Robert Bourgault
Executive Director
Maine Department of Labor
State House, Station 55
Augusta, Maine 04333

Rose Bowman
Director
Idaho Department of Health and Welfare
State House
Boise, Idaho 83720

Peter A. Breen
County Welfare Director
Department of Health and
Human Services
Post Office Box 4160
San Rafael, California 94913

Cynthia G. Brown
Director
Resource Center on Educational Equity
Council of Chief State School Officers
400 North Capitol Street, N.W.
Suite 379
Washington, D.C. 20001

Gloria Primm Brown
Program Associate
Carnegie Corporation of New York
437 Madison Avenue
New York, New York 10022

John E. Burdette II
Deputy Commissioner
West Virginia Department of Human
Services
1900 Washington Street, East
Charleston, West Virginia 25305

EUGENE L. CAIN
Assistant Superintendent
Office of School and Community Affairs
Michigan Department of Education
Post Office Box 30008
Lansing, Michigan 48909

STEVE CHUPACK
Assistant to the Secretary
Vermont Agency of Human Services
103 South Main Street
Waterbury, Vermont 05676

ROBERTA R. COFFIN M.D.
Commissioner
Vermont Department of Health
60 Main Street
Post Office Box 70
Burlington, Vermont 05402

GREGORY L. COLER
Director
Illinois Department of Public Aid
316 South 2nd Street
Springfield, Illinois 62762

GARY CROSSLEY
Labor Market Information and
Research Associate
Interstate Conference of
Employment Security Agencies, Inc.
444 North Capitol Street, N.W.
Suite 126
Washington, D.C. 20001

STAN CUBANSKI
Chief Deputy
California Department of Health Services
714 P Street
Sacramento, California 95814

SUZANNE DANDOY, M.D.
Executive Director
288 North 1460 West
Post Office Box 16700
Salt Lake City, Utah 84116-0700

GEORGE K. DEGNON
Executive Director
Association of State and
Territorial Health Officials
1311-A Dolly Madison Boulevard
McClean, Virginia 22101

RALPH W. EGERS, JR.
Deputy Commissioner
Maine Department of Educational and
Cultural Services
State House Station 23
Augusta, Maine 04333

JERRY L. EVANS
State Superintendent of Public
Instruction
Idaho Department of Education
650 West State Street
Boise, Idaho 83720

ROBERT FULTON
Director
Oklahoma Department of Human
Services
Post Office Box 35352
Oklahoma City, Oklahoma 73125

HELEN GEORGE
Executive Assistant to the Director
Texas Department of Community Affairs
Post Office Box 13166, Capitol Station
Austin, Texas 78711-3166

ELLIOT GINSBERG
Deputy Commissioner
Connecticut Department of Human
Resources
1049 Asylum Avenue
Hartford, Connecticut 06105

HERBERT J. GROVER
State Superintendent
Wisconsin Department of Public
Instruction
125 South Webster Street
Post Office Box 7841
Madison, Wisconsin 53707

IRVING B. HARRIS
President
Ounce of Prevention Fund
Chairman
EXEL Committee of Pittway
Corporation
120 South LaSalle, Suite 1330
Chicago, Illinois 60603-3596

Stephen B. Heintz
Commissioner
Connecticut Department of Income Maintenance
110 Bartholomew Avenue
Hartford, Connecticut 06106

David K. Heydinger, M.D.
State Health Director
West Virginia Department of Health
1800 Washington Street, East
Charleston, West Virginia 25305

Carole Hood
Chief Deputy Director
California Department of Social Services
744 P Street
Sacramento, California 95814

Rob Ivry
Vice President
Manpower Demonstration Research Corporation
Three Park Avenue
New York, New York 10016

A. Sidney Johnson III
Executive Director
American Public Welfare Association
1125 15th Street, N.W.
Washington, D.C. 20005

Gordon Johnson
Director
Illinois Department of Children and Family Services
406 East Monroe Street
Springfield, Illinois 62701-1498

Darrell Josie
Educational Specialist for Health and Physical Education
250 East 5th South
Salt Lake City, Utah 84111

Stephen Kaagan
Commissioner
Vermont Department of Education
State Office Building
Montpelier, Vermont 05602

Richard Kinch
Program Associate
The Johnson Foundation
Post Office Box 547
Racine, Wisconsin 53401

Claud E. Kitchens
Deputy State Superintendent of Schools
Maryland State Department of Education
200 West Baltimore Street
Baltimore, Maryland 21201-2595

Joan K. Leavitt, M.D.
Commissioner of Health
Oklahoma State Department of Health
Post Office Box 53551
Oklahoma City, Oklahoma 73152

Douglas S. Lloyd, M.D.
Commissioner
Connecticut Department of Health Services
150 Washington Street
Hartford, Connecticut 06106

Rosemary Malcolm-Rodgers
Secretary
Maryland Department of Employment and Training
1100 North Eutaw Street, Room 613
Baltimore, Maryland 21201

Agnes M. Mansour
Director
Michigan Department of Social Services
300 South Capital Avenue
Post Office Box 30037
Lansing, Michigan 48909

Ruth Massinga
Secretary
Maryland Department of Human Resources
1100 North Eutaw Street
Baltimore, Maryland 21201

KAY MAUER
Conference Coordinator
The Johnson Foundation
Post Office Box 547
Racine, Wisconsin 53401

THE HONORABLE EDGAR MAY
Chair
Senate Appropriations Committee
Vice President
American Public Welfare Association
Charlestown Road
Springfield, Vermont 05156

TOM MCNEEL
State Superintendent of Schools
West Virginia Department of Education
1900 Washington Street
Charleston, West Virginia 25305

KATHRYN MORRISON
Administrator
Division of Health
Wisconsin Department of Health and Social Services
One West Wilson Street, Room 218
Post Office Box 309
Madison, Wisconsin 53701

MARRY NAKASHIAN
Deputy Commissioner
State of Connecticut
Department of Income Maintenance
110 Bartholomew Avenue
Hartford, Connecticut 06105

JANET W. NESLEN, M.D., M.P.H.
Acting Assistant Secretary for Health
Maryland Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201

JEAN NIELSEN
Director
Division of Family Services
Utah Department of Social Services
150 West North Temple Street
Post Office Box 45500
Salt Lake City, Utah 84145-0500

JOSEPH J. O'HARA
Director
Missouri Department of Social Services
Broadway State Office Building
Post Office Box 1527
Jefferson City, Missouri 65102

JACQUE PAIGE
Assistant Secretary
Public Affairs
California Health and Welfare Agency
1600 Ninth Street
Sacramento, California 95814

MICHAEL R. PETIT
Commissioner
Maine Department of Human Services
State House Station 11
Augusta, Maine 04333

EILEEN PLATE
Special Assistant
Department of Labor
State of Alaska
Post Office Box 1149
Juneau, Alaska 99802

CLIFT PRICE, M.D.
Associate Commissioner
Personal Health Services
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

JOAN M. REEVES
Assistant Commissioner
Family Self-Support Branch
Texas Department of Human Services
Post Office Box 2960
Austin, Texas 78769

LINDA REIVITZ
Secretary
Wisconsin Department of Health and Social Services
Post Office Box 7850
Madison, Wisconsin 53707

Laine Renfro
State Supervisor
Vocational Home Economics
New Mexico Department of Education
Education Building
Sante Fe, New Mexico 87501-2786

Ann Rosewater
Deputy Staff Director
Select Committee of Children, Youth and Families
United States House of Representatives
Annex 2
Second and D Streets, S.W.
Washington, D.C. 20003

Connie J. Sipe
Deputy Commissioner for Social Services
Department of Health and Social Services
State of Alaska
Post Office Box H-01
Juneau, Alaska 99881

Gloria R. Smith
Director
Michigan Department of Public Health
3500 North Logan
Post Office Box 30035
Lansing, Michigan 48909

Sallie Soule
Commissioner
Vermont Department of Employment and Training
Green Mountain Drive
Post Office Box 488
Montpelier, Vermont 05602

Marilyn Steele
Program Officer
Charles Stewart Mott Foundation
1200 Mott Foundation Building
Flint, Michigan 48502

James Stockdale
Acting Secretary
California Health and Welfare Agency
1600 Ninth Street
Sacramento, California 95814

Linda Stoffel
Administrative Assistant to the Secretary
Health and Environment Department
State of New Mexico
Post Office Box 968
Santa Fe, New Mexico 87504-0968

Adna Irl Thomas
Commissioner
West Virginia Department of Employment Security
112 California Avenue
Charleston, West Virginia 25305-0112

Bernard J. Turnock, M.D.
Director
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62761

Juan R. Vigil
Secretary
New Mexico Human Services Department
Post Office Box 2348
Sante Fe, New Mexico 87503

Elizabeth Ward, M.N.
Director
Division of Public Health
Department of Health and Social Services
State of Alaska
Post Office Box H-06
Juneau, Alaska 99811

Margaret J. Washnitzer
Special Projects Coordinator
Family Support Administration
Department of Health and Human Services
330 Independence Avenue, S.W.,
Room 5611
Washington, D.C. 20201

Mary Jane Webb
Manager
Genetics Services Program
Idaho Department of Health and Welfare
State House
Boise, Idaho 83720

Linda A. Wolf
Associate Executive Director
American Public Welfare Association
1125 15th Street, N.W.
Washington, D.C. 20005

Beverly Yanich
Project Director
Matter of Commitment
American Public Welfare Association
1125 15th Street, N. W.
Washington, D.C. 20005

Please Send Me More Information On The Following:

____ Future Dialogues on the Topic of Adolescent Pregnancy
____ The Matter of Commitment project: One Child in Four: Investing in Poor Families and Their Children
____ The Johnson Foundation at Wingspread
____ The Charles Stewart Mott Foundation
____ The Carnegie Corporation of New York
____ The Association of State and Territorial Health Officials
____ The Council of Chief State School Officers
____ The Interstate Conference of Employment Security Agencies
____ The American Public Welfare Association

Name _____

Title _____

Address _____

City, State, and Zip Code _____

(_____) _____
Phone

Return to: The American Public Welfare Association, 1125 Fifteenth Street, N.W., Suite 300, Washington, D.C. 20005

The American Public Welfare Association

APWA is a not-for-profit, membership association that provides national leadership in the field of social services policy and administration. Its objectives include conducting policy analysis and research; acting as representatives of state and local human service agencies to the executive and legislative branches of the federal government; serving as a source of information on social service legislation and trends; and providing educational and training support to public welfare personnel.

Carnegie Corporation of New York

Carnegie Corporation of New York is a philanthropic foundation that was created by Andrew Carnegie in 1911 to promote the advancement and diffusion of knowledge and understanding among the people of the United States. Subsequently, its charter was amended to grant use of funds in certain other countries. The foundation has a long history of interest in the issue of adolescent pregnancy and since 1983 has committed over $4 million to grants aimed at the prevention of adolescent pregnancy.

The Charles Stewart Mott Foundation

The Charles Stewart Mott Foundation was founded in 1926 for educational, charitable, and scientific purposes. Since 1935, the national grant-making foundation has provided support for community education in areas such as teenage pregnancy, family programs, community communication, senior family members, community policing, and community health.

The Johnson Foundation at Wingspread

The Johnson Foundation, Inc., Racine, Wisconsin, is a privately operated foundation established in 1959 by the family-owned company S.C. Johnson & Son, Inc. (Johnson Wax). The foundation serves as a convening authority for conferences, which usually are held in cooperation with one or more other institutions or associations. The character of the foundation defines four broad categories for action: international understanding, educational excellence, improvement of the human environment, and intellectual and cultural growth.